Credit Protection Plan Claim Form □ **Death**	**Enclosed documents:** □ Copy of Credit Protection Plan Contract	□ Death Certificate □ Certificate of Cause of Death
	Outstanding balance: Rs.	Arrears > 3 months (if any): Rs.

I, the undersigned hereby give notice to Anglo Mauritius Assurance Society Limited that Mr/Mrs/Miss/Dr …… has died, that he/she was the same person whose life was assured by the said company under Policy No. CIML-CR-001 and in connection with this claim do answer as follows:

Part 1: Particulars of claimant

Relationship to Life assured (deceased):	Full name of Claimant:
National Identity Card No.:	
Telephone no.s:	Occupation:
Main Residential Address:	

Part 2: Particulars of Deceased

Contract No.:	Date of birth:	Full name of Hirer:
National Identity Card No.:		
Telephone no.s:		Occupation: / Date of death:
Main Residential Address:		

Disease(s) or condition(s) directly leading to death:	Date deceased's health first began to be affected:
Name and address of any treating medical attendant:	Did the deceased die by his own hand or as a result of violation of law:
Has the assured/deceased contracted any other life assurance policy? If yes, please state name of company and sum assured:	Has the assured/deceased made any assignment of the life assurance policy for the benefit of creditors? If yes, please give full details:

Declaration of Claimant

I, …… do hereby declare that the foregoing statements are, to the best of my knowledge and belief, true and correct.

Signature of Claimant:	Date: